

WT 95-11

APPLICATION FOR AMATEUR RADIO STATION/OPERATOR LICENSE

19634

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2A. ☒ RENEW LICENSE-NO OTHER CHANGES
2B. ☐ REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS
2C. ☐ EXAMINATION FOR NEW LICENSE
2D. ☐ EXAMINATION TO UPGRADE OPERATOR CLASS
2E. ☐ CHANGE CALL SIGN _____ (See Inst. 2E)
Applicant's initials

03/02/94

FORMER FIRST NAME	MIDDLE INITIAL
ALAN	B
ALAN	C
ALAN	D
ALAN	E
ALAN	F
ALAN	G
ALAN	H
ALAN	I
ALAN	J
ALAN	K
ALAN	L
ALAN	M
ALAN	N
ALAN	O
ALAN	P
ALAN	Q
ALAN	R
ALAN	S
ALAN	T
ALAN	U
ALAN	V
ALAN	W
ALAN	X
ALAN	Y
ALAN	Z

2F. ☐ CHANGE NAME (Give former name as shown on license)

2G. ☐ CHANGE MAILING ADDRESS

2H. ☐ CHANGE STATION LOCATION

4. OPERATOR CLASS OF THE ATTACHED LICENSE

KV4FZ

5. CURRENT FIRST NAME	M. I.	LAST NAME	SUFFIX (Jr., Sr., etc.)
HERBERT	L	SCHOENBOHM	

6. DATE OF BIRTH
11 - 10 - 39
Month Day Year

7. CURRENT MAILING ADDRESS Box 4419	(Number and Street) KE	CITY Kingshill	STATE VI	ZIP CODE 0085
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8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)	CITY	STATE
6C CONSTITUTION Hill	CHRISTIANSTED	VI

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1306 of the Commission's Rules? See Instruction 9. If you answer yes, submit the statement as required by Sections 1.1306 and 1.1312a. ☐ YES ☒ NO

10. Do you have any other amateur service application on file with the Commission that has not been acted upon? If
 yes, answer 11(a) and 11(b) ☐ YES ☒ NO

11. PURPOSE OF OTHER APPLICATION	12. DATE SUBMITTED (Month, Day, Year)
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I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the system to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT, U.S. CODE TITLE 18, SECTION 1001, AND
REVOCATION OF ANY STATION LICENSE, U.S. CODE, TITLE 47, SECTION 312(A)(1) AND/OR FORFEITURE, U.S. CODE, TITLE 47, SECTION 503.

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED: Feb 02, 1994
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(OVER)

FCC Form 610, March 1992

ch, the original license or photocopy here

SECTION II-EXAMINATION INFORMATION

CERTIFICATION BY ALL VE's

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VE's after completing the Administering VE's Report on the other side of this form.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) 1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS SHOWN ON LICENSE:

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

1D. VE'S STATION CALL SIGN:

1E. LICENSE EXPIRATION DATE:

1F. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS SHOWN ON LICENSE:

☐ GENERAL ☐ ADVANCED ☐ AMATEUR EXTRA

2D. VE'S STATION CALL SIGN:

2E. LICENSE EXPIRATION DATE:

2F. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VE's after completing the Administering VE's Report on the other side of this form.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

PHYSICIAN'S CERTIFICATION OF DISABILITY

Physician's Address _____

Physician's Name _____

Office Telephone _____

I certify that _____ is severely handicapped, the duration of which will extend for more than 365 days beyond the date of this certification. Because of this severe handicap, this individual is unable to pass a 13 (or 20) words per minute telegraphy examination for an amateur operator license. I am licensed to practice in a place where the amateur service is regulated by the Federal Communications Commission as a doctor of medicine (M. D.) or as a doctor of osteopathy (D. O.). See Instructions for FCC Form 610, page 4.

WILLFUL FALSE STATEMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT, U.S. CODE TITLE 18, SECTION 1001.

Signature of Physician (Stamp unacceptable) (M.D. or D.O.) _____

Date _____

PATIENT'S RELEASE:

Authorization is hereby given to the physician named above, who participated in my care, to release to the Federal Communications Commission any medical information deemed necessary to process my application for an amateur radio license.

Applicant's Signature _____

Date _____

WT 95-11

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION



AMATEUR RADIO LICENSE



KV4FZ

HERBERT L SCHOENBOHM
POB 4419
KINGSHILL VI 00851

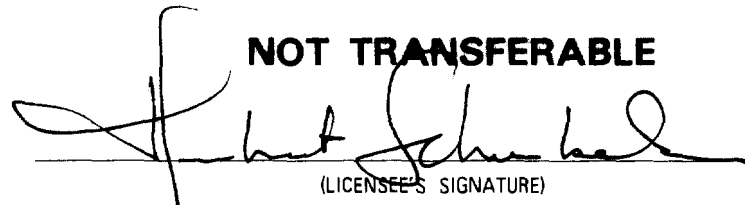
Special Conditions

THIS LICENSE SUPERSEDES YOUR
PREVIOUS LICENSE ISSUED IN ERROR

Effective Date	Expiration Date
07/06/93	03/02/94
Operator Privileges	Station Privileges
EXTRA	PRIMARY

THIS LICENSE SUBJECT TO CONDITIONS OF GRANT ON THE REVERSE SIDE

NOT TRANSFERABLE


(LICENSEE'S SIGNATURE)

FCC FORM 660
FEBRUARY 1993

Cut Along This Line

Cut Along This Line

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